

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000014000

1. Entity Name
CRC DELI, INCORPORATEDPrincipal Place of Business
1341 SE 47 TERR
CAPE CORAL FL 33904Mailing Address
1341 SE 47 TERR
CAPE CORAL FL 339042. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-1073647

Applied For
Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIANO, CAROL
1341 SE 47 TERR
CAPE CORAL FL 33904

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$350.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres. Delete
NAME MIANO, CAROL
STREET ADDRESS 1741 BEACH PARKWAY EAST
CITY-ST-ZIP CAPE CORAL FL 33904TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V.Pres Delete
NAME SAM TERRAGION
STREET ADDRESS 1114 S.E. 36 ST
CITY-ST-ZIP CAPE CORAL FL 33904TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Sec. Delete
NAME JASON TELAMONTE
STREET ADDRESS 2731 S.W. 32nd Street
CITY-ST-ZIP CAPE CORAL FL 33914TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol J. Miano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

25655



DO NOT WRITE IN THIS SPACE

04-02-2002 90058 049 ***150.00

FILED
Apr 28, 2002 8:00 am
Secretary of State